

Registration Form for Spring 2010

Name: _____

Circle the letters of the workshops you wish to take

	Title	Fee on or before 3/19/10	Fee after 3/19/10
A	4/1 - Minute Menu Made Easy (Free to CCR sponsored CACFP Registered Child Care Homes)	\$10 \$0	\$13 \$3
B	4/5; 4/10 - Level II - Professionalism and Program Organization (2 parts)	\$50	\$53
C	4/6 - American Heart Association-First Aid	\$30	\$33
D	4/13 - Policies - To Have or To Have NOT?	\$10	\$13
E	4/14 - Exploring the CDA and Taking a Glimpse of the National Association for Family Child Care Accreditation	\$10	\$13
F	4/19 - Teaching Children Through the Magic of Song and Play	\$15	\$18
G	4/22 - Advanced Positive Guidance	\$15	\$18
H	4/26 - Gardening with Young Children (Free to CCR sponsored CACFP Registered Child Care Homes)	\$10 \$0	\$13 \$3
I	4/27 - American Heart Association Adult/Child and Infant CPR	\$30	\$33
J	4/29 - IPDPs - Creating Your Own "Individual Professional Development Plan"	\$10	\$13
K	5/3- Routines, Rituals and Transitions	\$15	\$18
L	5/4 -Children and the Natural World: Digging Deep	\$15	\$18
M	5/6; 5/20 - Never Too Early and Early (2 parts) Birds and Bookworms	\$20	\$23
N	5/10 - Engaging Older Youth: Working with 9-12 Year Olds	\$10	\$13
O	5/11 - Building Healthy Human Relationships	\$15	\$18
P	5/18 - Understanding and Planning for Typical Preschool Development	\$10	\$13
Q	5/24 - Bringing the Indoor Play Outdoors	\$10	\$13
R	5/25 - Observing and Recording Children at Play	\$10	\$13
S	5/27 -The Bird Takes Wing	\$10	\$13
T	6/1 - Managing Your Budget to Get the Most Out of Your Dollars	\$10	\$13
U	6/3- Determining the Least Restrictive Environment in Early Childhood Education	\$15	\$18
V	6/7 -Depression in Young Children, What We Can Do	\$15	\$18
W	6/8 -Early Intervention in the Child Care Setting	\$10	\$13
X	6/14 - Interactions and Their Influence on a Child's Self-Esteem	\$15	\$18
Y	6/15 - American Heart Association Adult/Child and Infant CPR	\$30	\$33

Circle the letters of the workshops you wish to take

	Title	Fee on or before 3/19/10	Fee after 3/19/10
Z	6/16- Engaging Children with Books	\$10	\$13
AA	6/17; 6/22 & 6/23 -Basic Specialized Care (3 parts)	\$30	\$33
BB	6/21 -Role of the Teacher in the Outdoor Classroom	\$10	\$13
CC	6/24 - Mandated Reporting	\$10	\$13
DD	6/28 -PEACE Policy: Problem Solving with Young Children	\$15	\$18
EE	6/29-NAEYC Accreditation-YOU CAN DO IT!	\$10	\$13
FF	6/30-Self Care is Key - Food as Fuel (Free to CCR sponsored CACFP Registered Child Care Homes)	\$10 \$0	\$13 \$3

Please register by March 19, 2010 to avoid late fees.

Payment MUST be enclosed with registration form to be registered for a workshop.



Child Care Resource
181 Commerce Street, Williston, Vermont 05495

Total Training Fees: _____

Coupon(s) @ \$5 /\$10/ea. - _____
(must be attached and not expired)

Total Amt. Enclosed: _____

If you are using coupons as payment or part of payment, they **MUST BE ATTACHED** for credit. Please check your coupons to determine their value as coupons need to be of correct value when applying them toward trainings.

***NO REFUNDS**

Office Use Only

Date Rec'd: _____

Payment: \$ _____

Form of payment: _____

Coupon: _____

Initials: _____

Waiver: _____
FP: _____

Child Care Resource Spring 2010 Workshops Registration Form

ONE form per Person - please photocopy as needed

NAME: _____ check here if name changed

Work Center Name: _____ check here if employer changed

Work Address: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

_____ check here if address changed

Email: _____ Q & C ID # _____
(Quality & Case Credentialing ID)

Please complete ENTIRE form to ensure accuracy in our records*

Please indicate if any CHANGES have occurred since the last registration

Send my confirmation letter to: Work Address Home Address
(Coupons issued will be sent to Address that made payment)

I'm a: _____ Director of a Licensed Program
 _____ Registered Home Provider _____ Owner of a Licensed Program
 _____ Staff Member at a Licensed Center/Preschool _____ Legally Exempt Provider (LECC)
 _____ Parent _____ Other: _____

PLEASE CHECK:

- 1) I'm currently a participant in the CCR Sponsored Child Care Food Program (CCFP) _____ Yes _____ No
 Would you like more information about joining the CCFP?
 _____ Yes _____ No
- 2) I'm currently a Protective Services Provider: _____ Yes _____ No
- 3) I am pursuing a CDA: _____ Yes _____ No

Send this form and fee to:
 Child Care Resource
 181 Commerce Street
 Williston, VT 05495
 By March 19, 2010

Earlybird Deadline: March 19, 2010
 (only to avoid late fees)

Over 